MISSOURI PUBLIC SERVICE COMMISSION February 20, 2004

Case No. TC-2004-0406

Dana K Joyce P.O. Box 360 200 Madison Street S John B Coffman P.O. Box 7800

200 Madison Street, Suite 800 Jefferson City, MO 65102 200 Madison Street, Suite 640 Jefferson City, MO 65102

St. John's Regional Medical Center

Legal Department 2727 McClelland Blvd. Joplin, MO 64804 Gary Rowe 2727 McClelland Blvd. Joplin, MO 64804

Enclosed find a certified copy of a NOTICE in the above-numbered case(s).

Sincerely,

Dale Hardy Roberts Secretary/Chief Regulatory Law Judge

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)										
{r~	11		4,1		7		7.1 4 7		<u> </u>	7000 E	
825	0	F	778	C	9	A	<u>.</u>	<u> </u>	S		
;—-		Pos	tage	\$			1			!	
2169	5 Certified Fee						4	Postmark			
200	Retu (Endorse	rn Receip ment Rec	t Fee juired)				4	I	Here		
	Restrict (Endorse	ed Deliver ement Rec	y Fee quired)					71-0	711	nr.	
早	Total P	ostage &	Fees	\$				<u>('-V'</u>	1-4		
194	Sent	no	 []	Ke	W:	<u> </u>					
17	Street, Apt. No.; or PO Box No.										
7007	City, State, ZIP+ 4 See Reverse for Instructions										
	PS Form 3800, January 2001 See Reverse for mandoman										

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)										
			di est								
6270	OFF	I C		<u>L</u>		S	Ē				
ļņ.	Postage	\$]				,			
P 942	Certified Fee			_	Postmark						
P.	Return Receipt Fee (Endorsement Required)			4	Here						
0000	Restricted Delivery Fee (Endorsement Required)										
i i	Total Postage & Fees	\$		gional				ł			
1940	Sent To	bhn	s Ro	giv	10/						
0.1	Street, Apt. No.; or PO Box No.										
70	City, State, ZIP+ 4]"							
í	PS Form 3800, January 2001 See Reverse for Instructions										